Appendix 5

Growing incidence of ASD

Autism Spectrum Disorders (ASD) are a life long developmental disability characterized by repetitive behaviors and social and communication problems. ASDs include autistic disorder, pervasive developmental disorder – not otherwise specified (PDD-NOS, including atypical autism) and Asperger disorder. (Centers for Disease Control (CDC) Fact Sheet, Autism Research, May 4, 2004). The prevalence of ASD has increased dramatically in the last twenty years. The current prevalence rate is 1 in 166 according to the CDC. At that rate, almost every citizen of our state is likely to know someone with ASD, have a family member with ASD or have some opportunity to interact with the issues posed by individuals with ASD. Compare the prevalence of ASD with Type 1 Diabetes (1 in 400), childhood cancer (1 in 2000) or cystic fibrosis (1 in 3,500), to begin to see the urgency of the situation.

Steps are being taken to increase Washington's tracking of ASD. Washington Administrative Code (WAC) 246-101 specifies a list of health care conditions that must be reported to public health authorities. That list was expanded in 2004 to include Autism Spectrum Disorders on the list of Notifiable Conditions that must be reported by health care providers. The Department of Health has been working with the University of Washington, Office of the Superintendent of Public Instruction (OSPI) and other partners to develop a reporting system. The Autism Outreach Project, a special project of OSPI, has been involved in gathering data on numbers of school children diagnosed with ASD. Surveillance of ASD has been problematic due to the changing definition of ASD and the federal law precluding schools from sharing medical information on their students with public health entities.

An issue of great concern for the task force relates to how diagnosis across racial/ethic populations occurs. Currently, Caucasian children are on average seen by a physician 4 times before diagnosis is made, while African American children must be seen on average 13 times before diagnosis. (Mandell et al, JAACP, 2002.)